

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND AREA CODE/PHONE NUMBER (415)389-6800			Date of This Filing 10/01/2018 Report No. LCR # 836 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 3		Date Stamp Page 1 of 3		CALIFORNIA FORM 497 For Official Use Only	
I.D. NUMBER (if applicable) 1401516								
STREET ADDRESS								
CITY SAN RAFAEL		STATE CA	ZIP CODE 94901					

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/30/2018	635 TENNESSEE DRIVE San Mateo, CA 94403	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,600.00
09/30/2018	JACOB KLESTOFF San Francisco, CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT WEST & PRASZKER	\$1,000.00
09/30/2018	KEVIN MIGNOGNA San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LOAN ORIGATION BERKELEY POINT CAPITAL	\$2,500.00

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

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09/30/2018	RICHARD SPRENKLE Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE INVESTOR AND AGENT BERKADIA	\$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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AREA CODE/PHONE NUMBER
(415)389-6800

STREET ADDRESS

CITY
SAN RAFAEL

I.D. NUMBER (if applicable)
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STATE
CA

ZIP CODE
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LCR # 836

☐ Amendment to Report No.
(explain below)

No. of Pages
3

Date Stamp

Page 3 of 3

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: